PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number 09864687					
	CLAIMS AS FILED - PART I								VTITV		OTHER	THAN	
								SMALL ENTITY TYPE		OR			
TOTAL CLAIMS			4					RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			U minus 3 =		. 0			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710	
	C		OTHER THAN SMALL ENTITY OR SMALL ENTITY										
		(Column 1) CLAIMS		(Colui	EST	(Column 3	۱ 🕇	J.MALL.	ADDI-)		ADDI-	
ENT A		REMAINING AFTER AMENDMENT	NUM PREVIO PAID		OUSLY EXTRA			RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 5	Minus	•• 3	LO	= D		X\$ 9=		OR	X\$18=		
MEN	Independent	· 3	Minus	•••	3	= B		X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=		OR	+270=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEEOR ADDIT. FEE					
		(Column 1) CLAIMS		HIG	IEST		ור		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	94		=		X\$ 9=		OR	X\$18≖		
	Independent	•	Minus .	***		-		X40=		OR	X80=		
Ľ	FIRST PRESE	1	+135=		OR	+270=							
	TOTAL ADDIT. FEE										TOTAL		
	(Column 1) (Column 2) (Column 3										ADDIT.·FEE	L	
		(Column 1)	1		MN 2) HEST	F - 7	7		ADDI-	3		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	ABER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
ME	Independent	•	Minus	***		-	4	X40=		OR	X80=		
II [⋖]	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									┨	!	 	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE *U.S. GPO: 2000-460-706/30103

OR

+135=

ADDIT. FEE

+270=

^{***}If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.